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FEE TRANSMITTAL

FEB 28 2007

Application Number 10/622,767
Filing Date 07/18/2003
Inventor(s) plastina et al.
Examiner Name Manglesh M. Patel
Attorney Docket Number MS#303015.01 (5052)

Art Unit 2178
Confirmation No. 8677

☐ Applicant claims small entity status.

METHOD OF PAYMENT

- ☒ The Commissioner is hereby authorized to charge the indicated fees to Deposit Account No. 19-1345. The Commissioner is hereby authorized to charge any under payment or credit any over payment to Deposit Account No. 19-1345.
- ☐ Check Enclosed. The Commissioner is hereby authorized to charge any under payment or credit any over payment to Deposit Account No. 19-1345.

FEE CALCULATION

1. ☐ BASIC FILING, SEARCH AND EXAMINATION FEES
(Type: _____) Subtotal (1) \$ _____
2. ☐ EXCESS CLAIM FEES
- | | | | | | | | | | | | |
|--|-------|---|-------|------|---|---|---|-----|-------|--------------|----------|
| Total Claims | _____ | - | _____ | (HP) | = | 0 | x | Fee | _____ | = | \$ 0.00 |
| Indep Claims | _____ | - | _____ | (HP) | = | 0 | x | Fee | _____ | = | \$ 0.00 |
| Multiple Dependent Claims Fee | | | | | | | | | | | \$ _____ |
| (HP = highest number of claims paid for) | | | | | | | | | | | |
| | | | | | | | | | | Subtotal (2) | \$ 0.00 |
3. ☐ APPLICATION SIZE FEE
- | | | | | | | | | | | | | | |
|--------------------------|-----|---|-----|---|-----|---|----|---|---|---|-----------------------|--------------|---------|
| Total Pages | N/A | - | 100 | = | NaN | ÷ | 50 | = | 0 | x | \$ _____ | = | \$ 0.00 |
| (Application + Drawings) | | | | | | | | | | | (round up to whole #) | | |
| | | | | | | | | | | | | Subtotal (3) | \$ 0.00 |
4. ☒ OTHER FEE(S)
- | | | | | | | | | | | | | | |
|-------------------------------------|-------------------------------------|-------------------------|--|--|--|--|--|--|--|--|--|--------------|-----------|
| <input checked="" type="checkbox"/> | One | month extension of time | | | | | | | | | | | |
| <input type="checkbox"/> | Information disclosure statement | | | | | | | | | | | | |
| <input type="checkbox"/> | 37 CFR 1.17(q) processing fee | | | | | | | | | | | | |
| <input type="checkbox"/> | Non-English specification | | | | | | | | | | | | |
| <input type="checkbox"/> | Notice of Appeal | | | | | | | | | | | | |
| <input type="checkbox"/> | Filing a brief in support of appeal | | | | | | | | | | | | |
| <input type="checkbox"/> | Request for oral hearing | | | | | | | | | | | | |
| <input type="checkbox"/> | Other: _____ | | | | | | | | | | | | |
| | | | | | | | | | | | | Subtotal (4) | \$ 120.00 |

TOTAL AMOUNT OF PAYMENT \$ 120.00

James J. Barta, Jr.
James J. Barta, Jr.
Reg. No. 47,409

02/28/2007

Date

Telephone: 314-231-5400

JJB/cjl

By Facsimile

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